NUMEC 83.14

Special Exposure Cohort Petition
under the Energy Employees Occupational Illness Compensation Act

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

03-12-08P01:14 RCVD

OMB Number: 0920-0639 Expires: 05/31/2007

Special Exposure Cohort Petition — Form A

Use of this form and disclosure of Social Security Number are voluntary. Failure to use this form or disclose this number will not result in the denial of any right, benefit, or privilege to which you may be entitled.

Instructions on Completing this Form:

You should use this petition form only if NIOSH has reported to you in writing that it cannot complete the dose reconstruction needed for your cancer claim.

All other petitioners should use Petition Form B to submit a petition to NIOSH.

For Further Information: If you have questions about these instructions, please call the following NIOSH toll-free phone number and request to speak to someone in **the Office of Compensation Analysis and Support** about an SEC petition: **1-800-356-4674.**

A NIOSH Claim Information — Complete as much information as you can in Section A.

A.1 **NIOSH Tracking Number** (indicated on all NIOSH correspondence):

A.2 **Print Name of Energy Employee for whom this claim was filed:**

Mr./Mrs./Ms. First Name Middle Initial Last Name

A.3 **Social Security Number of Energy Employee for whom this claim was filed:**

B Signature of Person Submitting this Petition — Complete Section B.

Print and sign your name below to indicate that you are petitioning for HHS to consider adding a class of employees to the Special Exposure Cohort that would include the employee indicated by the tracking number or name under entry 1 above.

Print your name below:

First Name Middle Initial Last Name

Sign your name below:

First Name Middle Initial Last Name

C Please send this form to NIOSH at the address below.

Once NIOSH receives this form, the U.S. Department of Health and Human Services will consider adding a class of employees to the Special Exposure Cohort. Your contact at NIOSH will be available to inform you of the progress of your petition.

Send this form to:

SEC Petition
Office of Compensation Analysis and Support
NIOSH
4676 Columbia Parkway, MS-C-47
Cincinnati, OH 45226

Name or Social Security Number of First Petitioner